

APN# 1220-22-410-134



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: MARK A WINTER, ESQ

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: DUSTIN T. COOPER

Address: 1472 MARY JO DRIVE

City/State/Zip: GARDNERVILLE, NV 89460

AFFIDAVIT OF DEATH OF TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

MARK A. WINTER, ESQ.

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recorded at the request of:

Mark A. Winter, Esq.
801 N. Division Street
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

Dustin T. Cooper
1472 Mary Jo Drive
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF TRUSTEE

APN: 1220-22-410-134

STATE OF NEVADA)
): ss.
CARSON CITY)

William Thomas Coleman, being first duly sworn, deposes and says:

1. Lori A. Cooper, died on the 6th day of April, 2018, in the state of Nevada, and that a certified copy of her Death Certificate is attached hereto.

2. That at the date of her death, the said Lori A. Cooper was Trustee of the Lori A. Cooper Revocable Trust dated February 15, 2007, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto and incorporated herein by said reference

3. Said ownership was created by a Deed dated February 15, 2007, and recorded on March 12, 2007, as Document Number 0696790 in the Douglas County Recorder's Office.

4. That upon the death of the said Lori A. Cooper, the Affiant became the Trustee of Lori A. Cooper Revocable Trust dated February 15, 2007.

Dated April 12, 2018:

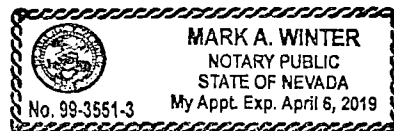
William Thomas Coleman

William Thomas Coleman

SUBSCRIBED and SWORN to before me this 12th day of April, 2018, by William Thomas Coleman, who signed this document before me.

Mark A. Winter

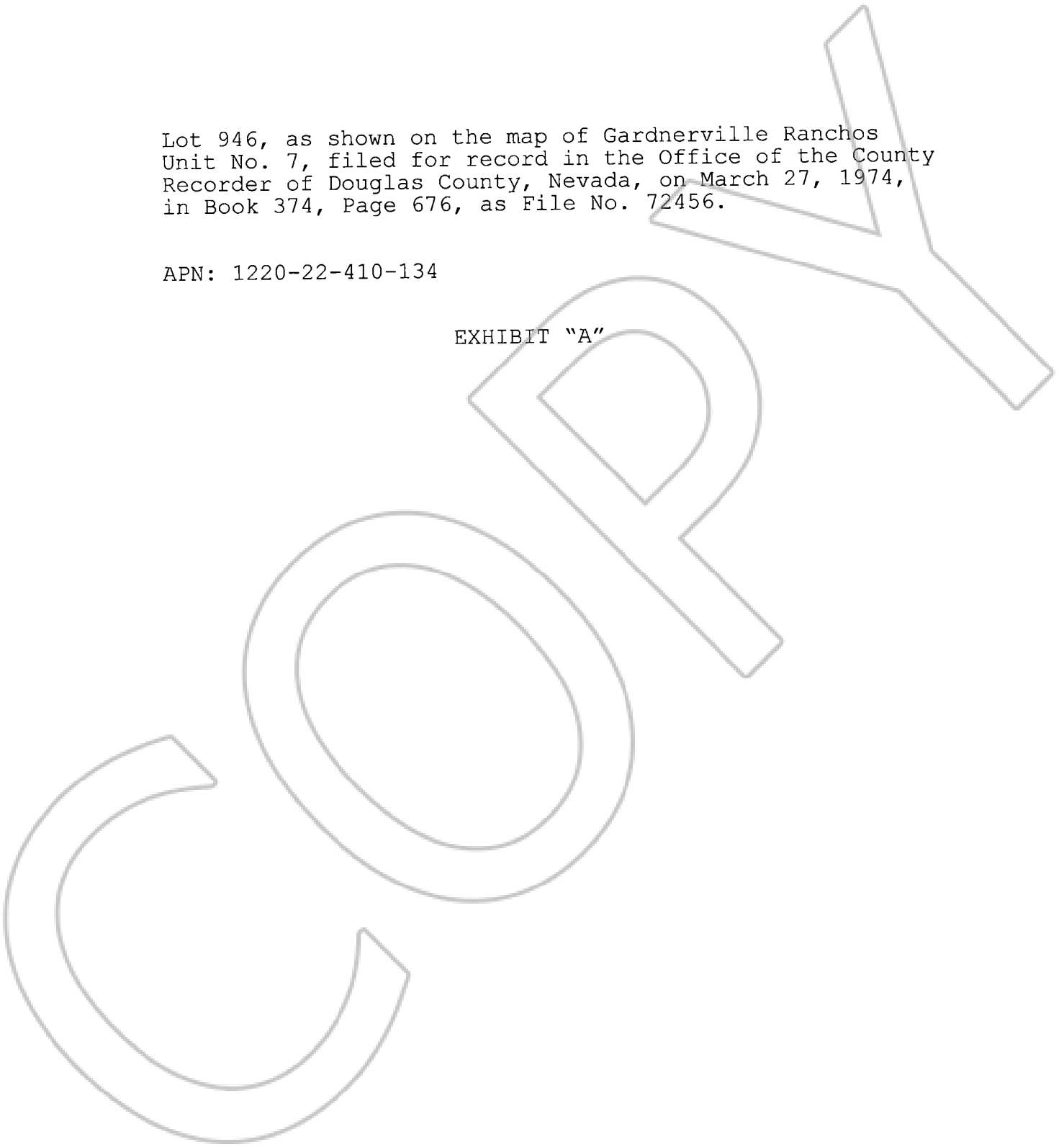
NOTARY PUBLIC



Lot 946, as shown on the map of Gardnerville Ranchos
Unit No. 7, filed for record in the Office of the County
Recorder of Douglas County, Nevada, on March 27, 1974,
in Book 374, Page 676, as File No. 72456.

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EXHIBIT "A"



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4013384

CERTIFICATE OF DEATH

2018006945
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lori Ann COOPER		2. DATE OF DEATH (Mo/Day/Year) April 06, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) 1472 Mary Jo Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1958		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-8538		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Dealer		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1472 Mary Jo Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) William James COLEMAN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Jean SPITALERI		18a. INFORMANT- NAME (Type or Print) Dustin COOPER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1472 Mary Jo Drive Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD881		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MEL MAGBOO MD SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) April 10, 2018		21c. HOUR OF DEATH 11:17		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mel Magboo MD 5250 Neil Rd Ste #207 Reno, NV 89502				23b. LICENSE NUMBER 9713	
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Malignant Neoplasm Of The Lung DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				28. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

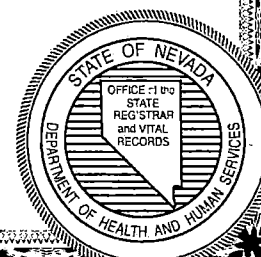
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

APR 11 2018

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE